AETC News Clips
Randolph AFB, Texas

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Airman found dead in Lackland dorm

Web Posted: 01/05/2006 12:00 AM CST

San Antonio Express-News

A senior airman was found dead in his Lackland AFB dorm earlier this week, the Air Force reported Wednesday.

The airman, who was not identified pending notification of his relatives, was assigned to the 37th Logistics Readiness Squadron, spokesman Oscar Balladares said.

Lackland provided no other details. Balladares said he didn't know how long the airman had been in the Air Force or his duties on the base.

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AETC News Clips
Keesler AFB, Miss.

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Use of unmanned aircraft was big milestone for '05

By KIM LANIER
Staff Reporter

The 2005 hurricane season saw more than unprecedented tropical activity. It also marked the first flight of an unmanned aircraft that could soon provide researchers and forecasters with regular observations from an area where meteorologists have had difficulty obtaining data.

Flying airplanes into hurricanes allows meteorologists to obtain a wealth of data to help forecast the storm's next moves and potential human impact.

But acquiring similar data near the surface during a storm has proved a challenge, according to scientists.

Even though the aircraft release dropsondes -- cylinders containing weather instruments that take measurements as they fall through the air -- scientists need more near-surface data, and unless the storm passes over a buoy, that information is lacking.

In September, the Aerosonde, a small, unmanned autonomous vehicle, became the first aircraft to provide near-surface observations when it flew into Tropical Storm Ophelia on Sept. 16, the morning after it had been downgraded from a Category 1 hurricane.

Manned flights into tropical storms are done by the National Oceanic and Atmospheric Administration's own research aircraft based at MacDill Air Force Base in Florida and reconnaissance aircraft from the U.S. Air Force Reserve Unit at Keesler Air Force Base in Biloxi. But it's unsafe for those planes to fly near the surface.

"It's just too dangerous," said Joe Cione, a research meteorologist with NOAA's Hurricane Research Division and principal investigator on the Aerosonde's use in hurricanes.

The Hurricane Research Division is a part of NOAA's Atlantic Oceanographic and Meteorological Laboratory in Miami.

The interaction between the ocean and the atmosphere right at the surface is important, and dropsondes released from planes offer just spotty information there. An Aerosonde, on the other hand, can fly at low levels and give meteorologists a better idea of what the winds there are doing, Cione said.

"If we want to improve future forecasts of hurricane intensity change, we will need to get continuous low-level observations near the air-sea interface on a regular basis," Cione said. "Remote unmanned aircraft, such as the Aerosonde, are the only way."

Use of the Aerosonde is a joint venture between NOAA and the National Aeronautics and Space Administration with the Aerosonde Co.

Researchers had been trying since 2004 to fly the Aerosonde into a storm, Cione said, and faced a number of difficulties before Ophelia came along this year.

Cione said he was pleased with the data obtained during the flight, which was conducted in conjunction with flights of NOAA and Air Force planes. Researchers were also able to gather data on Ophelia's structure and thermodynamics after the flight, he said.

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AETC News Clips
Luke AFB, Ariz.

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Luke seeks air-traffic control changes to avoid aerial collisions

David Madrid
The Arizona Republic
Dec. 31, 2005 12:00 AM
Midair collisions are of vital concern to Luke Air Force Base officials, so the base is seeking some help from the Federal Aviation Administration that would affect all aircraft in the base's airspace.

The base is asking West Valley cities, Maricopa County, Phoenix and West Valley legislators to sign a letter petitioning the FAA for a special air-traffic rule.

The Surprise City Council voted Thursday to sign onto the petition letter that will be sent to Marion C. Blakey, administrator for the Federal Aviation Administration.

The problem for Luke is the increasing number of general-aviation aircraft climbing and descending in Luke's airspace every year. Many of those flights rely only on visual flight rules before entering and crossing Luke's airspace.

Because of increasing general-aviation traffic and heavy concentrations of military-aircraft training in the area, Luke wants any aircraft entering its airspace to identify itself, its position and its path.

James "Rusty" Mitchell, the 56th Fighter Wing director of Community Initiatives Team, said the base doesn't want to stop aircraft from flying in its airspace.

"We have researched the absolute less intrusive way we can do this," Mitchell said. "Our goal is really just to get general-aviation aircraft on the radio frequency with us. It's not to prohibit general-aviation traffic from transiting that area."

Luke has documented 75 near misses since 2000. Eighty-eight percent of those occurrences were between F-16s and general-aviation aircraft. And 84 percent of the general-aviation aircraft traffic was not under air-traffic control.

If Luke were successful in getting the special air-traffic rule, it would establish an area in which two-way communications must exist between Luke air-traffic control and all aircraft. It would also require all pilots to obtain an air-traffic control clearance or advisory before entering, and while operating in, Luke's special air-traffic rule area.

Mitchell said he wasn't sure how long it would take to get the rule into effect, but it could be a couple of years.

Luke is the largest fighter wing in the world, and it flies about 35,000 sorties a year.

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AETC News Clips
WHMC, Lackland AFB, Texas

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SCI-TECH NEWS
BLACKANTHEM MILITARY NEWS

Extraordinary care packed in ordinary tents

Blackanthem Military News, BALAD, Iraq, December 21, 2005 12:09


(U.S. Army photo by Sgt. Dallas Walker)

In a sea of tents and trailers on Balad Air Base in northern Iraq, shrapnel is being surgically removed from a limb, medics are racing to stop someone from bleeding to death, and another life is being saved from wounds inflicted on the battlefield.

It is that sea of tents that houses the Air Force theater hospital, where service members and civilians get the most advanced medical care possible in the Iraqi combat zone.

Run by the 332nd Expeditionary Medical Group, the hospital offers both trauma and specialized medical care throughout Iraq and serves as the theater aeromedical evacuation support hub.

"If you arrive here alive, you have about a 96 percent chance of leaving here alive," said Col. (Dr.) Elisha Powell, commander, 332nd Expeditionary Medical Group.

The availability of specialized care at the hospital is like nothing seen in a combat zone in the past, making it easier to save lives, Powell said.

"What makes this hospital so successful in Iraq is that we push technology so far

forward," he said. "We've never pushed specialties this far onto the battlefield before."

The hospital boasts a staff of surgeons that specialize in procedures on the brain, heart, bones and soft tissue. It has six operating rooms and nearly everything a standard hospital has -- all in the heart of a combat zone.

Bringing medical care to the battlefield increases a casualty's chance for survival, Powell said. Although, he does not credit the hospital as being solely responsible for saving lives.

First responders

"Medics and what they do, basic and advanced first aid, is where life saving begins," he said.

The life of a combat casualty depends largely on the first echelon of medical care. The most important aspect of that care is stopping the bleeding.

"The number one cause of preventable death in Iraq is exsanguination -- bleeding out," Powell said. "If Soldiers don't stop the bleeding and use the tourniquets put in their first aid kit, then [the casualty] probably won't make it to us."

AETC News Clips
WHMC, Lackland AFB, Texas

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U.S. Army and Air Force medics rush a casualty into the emergency room of the theater hospital at Balad Air Base Dec. 3. Approximately 400 patients a month are seen by the hospital -- most of which are treated for traumatic injuries. (U.S. Army photo by Sgt. Dallas Walker)

Dust off -- Arriving at the hospital

The sound of medevac pilots calling in their status echoes as Army and Air Force medics in the patient administration office of the hospital prepare for their landing -- the crucial first minutes of a casualty's arrival at the hospital. Most of the casualties treated at the hospital are brought in on a medevac flight.

"I give all the credit in the world to the flight medics," said Air Force Staff Sgt. Jalkennen Joseph, emergency room medic. "I've never seen anyone perform their job above and beyond like they do. They do things you only see in movies or read about in books. They do it on a daily basis and they do it well."

The medevac crews try to get casualties to the hospital within the "golden hour" -- the first 60 minutes after injury.

"Getting patients here quickly, keeping them warm, and stopping the bleeding are the keys to life saving in trauma," Powell said.

Within minutes of landing on the hospital helipad, the medevac crew and hospital staff take the casualty to the emergency room.

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The ER

"This is [the casualty's] first stop in the hospital," Joseph said. "Our job is to stabilize the patient. We check the ABCs. We check their airways, we check to see if they are breathing, and we check their circulation."

Doctors assess the casualty in the emergency room to determine the appropriate course of action, Joseph said.

Next stop...

The hospital staff prides themselves on quality rapid care -- stabilizing patients and getting them out of the hospital.

"If a patient requires surgery to survive, it will be done here," Joseph said. "Most of the patients we care for don't even know they were here. Most of them are severely injured and unconscious. We stabilize them and send them to [Landstuhl Regional Medical Center in] Germany as quickly as possible."

Patients stay at the theater hospital the shortest amount of time possible, Powell said. The goal is to perform whatever measures necessary to save their life and send them to a facility geared toward long-term care.

The patient

The hospital provides care and treatment to anyone wounded in combat. More U.S. Army Soldiers are treated than anyone else and Coalition Forces make up 60 percent of the patient load.

The remaining 40 percent of patients seen at the hospital are local nationals, terrorists

and detainees injured during combat.

"We give [Iraqis] the same medical care as anyone else," Powell said. "We're not MPs, we're not [military intelligence], we are medics. Detainees get the same healthcare as the Soldiers, as the Iraqi Police, as the Iraqi Army. Our job is to provide the highest standard of medical care."

The team

The hospital is a mostly U.S. Air Force staff, with support teams from the U.S. Army and Navy as well as the Australian Army and Air Force. There are more than 350 medical personnel assigned to the theater hospital.

"We have all really clicked working together," Joseph said. "We run this place smoothly, doing the same mission. We live by the hospital motto, 'One team. One mission.'"

A majority of the U.S. Air Force personnel assigned to the theater hospital, including Powell and Joseph, come from Wilford Hall Medical Center in San Antonio -- one of only two military hospitals that treat civilian trauma patients.

"Most of the patients back at Wilford Hall are drunk and just got into an accident and maybe killed somebody," Joseph said. "People here are selfless and go out and do their job. Most of the people we treat got injured serving their country. It brings me so much more joy to care for those patients."

AETC News Clips
WHMC, Lackland AFB, Texas

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Put to the test

It was a day that most medical units only train for -- the day that 29 severely injured Iraqi civillians came in the hospital after multiple car bombs exploded in Balad.

U.S. Army and Air Force personnel unload a patient from a medevac helicopter at the theater hospital at Balad Air Base, Iraq, Dec. 3. (U.S. Army photo by Sgt. Dallas Walker)

"It was really chaotic because there were just too many patients," Joseph said. "I think at first it overwhelmed the staff."

The staff made it through, successfully.
After more than 80 operations by 19 military surgeons, the same 29 civilians that came in to the hospital severely injured, left the hospital alive.

In the sea of tents, another life is being saved by a hard-working medic or an experienced surgeon with the best combat medical care available in Iraq.

"It's an honor to be able to care for the wounded out here," Joseph said. "It's a lifetime experience. I can't stress enough, it's what we are proud and happy to do."

By Sgt. Dallas Walker
101st Airborne Division
Public Affairs Office

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AETC News Clips
Vance AFB, Okla.

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Aerospace pioneer once leaped from balloon nearly 20 miles high

By Jeff Mullin Senior Writer
CNHI News Service
January 5, 2006
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— On July 20, 1969, Neil Armstrong took "one small step" off lunar module Eagle onto the surface of the moon, becoming the first human being to set foot on another celestial body.

But if Joe Kittinger had not made one "giant leap" Aug. 16, 1960, Armstrong's feat might not have come about.

On that day Kittinger, an Air Force captain, rode a 41⁄2-foot open gondola dangling under a helium balloon to a height of 102,800 feet above the earth (almost 19.5 miles), a record that still stands today.

Kittinger did not ride the balloon back down, however. He jumped from the gondola, free falling for four minutes and 37 seconds before his parachute opened, then riding his chute for another eight minutes to a safe landing on the White Sands Missile Range in New Mexico.

"When I jumped off, I rolled over and looked up at that balloon," said Kittinger. "I thought, 'This is amazing, that balloon is rocketing up into space.' Actually it was me going down and the balloon was staying right there."

Kittinger was in Enid Monday and Tuesday as a guest of Vance Air Force Base. Monday he was featured speaker for the 71st Flying Training Wing's safety day.

Kittinger, who joined the Air Force in 1949, was a test pilot for NATO and the Air Force before being recruited by aerospace medicine pioneer Col. John Paul Stapp for Project Man High, which would test whether or not humans were physically and psychologically capable of spending time in space.

Kittinger's Man High flight took him to 96,000 feet. He then became part of Project Excelsior, which studied the use of a parachute to escape from a space capsule or high-altitude aircraft.

Standing on the threshold of the gondola, Kittinger said, was the experience of a lifetime.

"Standing up in that door and looking out at the world 20 miles away," said Kittinger, "I could see 400 miles. That was an exotic place to look at the world. But when it was time to go, I was ready to go. It was the quickest way down."

The jump gave Kittinger three world records — highest open-gondola balloon ascent, longest free-fall and the longest parachute descent. He became the first man to break the speed of sound without an aircraft or space vehicle, when he reached a speed of 714 mph during his free fall. His feat also put him on the cover of Life magazine Aug. 29, 1960. But he says he wasn't in the program for the glory.

"They (the jumps) are still a record today, some 46 years later, but we didn't do it for the record, we did it for information that we needed," said Kittinger.

Kittinger also jumped out of balloons from 74,000 and 76,000 feet, paving the way for the first astronauts.

Craig Ryan, who wrote the book "The Pre-Astronauts: Manned Ballooning on the Threshold of

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Space," once asked Alan Shepard, the first American astronaut in space, if he would have stepped out of that balloon at 102,800 feet.

"Shepard said, 'Hell no,'" said Kittinger, laughing.

Kittinger said he harbored his own dreams of becoming an astronaut but stuck instead with his role as a researcher.

"I was very much involved with research at that time," said Kittinger. "I had an opportunity, but I felt that I was more obligated to continue the research that I had already started. You never look back, you look ahead. I never regret that I didn't become involved with it."

After Excelsior, Kittinger moved on to Project Stargazer, during which he piloted a balloon containing an astronomer to 82,200 feet above the earth.

Kittinger then volunteered for three combat tours in Vietnam, flying 485 missions. On May 11, 1972, a missile struck the right side of his F-4 Phantom. Kittinger and his electronic weapons officer bailed out and soon were captured by enemy soldiers. Kittinger spent 11 months in the infamous "Hanoi Hilton" North Vietnamese prison.

After retiring from the Air Force as a full colonel in 1978, Kittinger continued flying. In 1984, he made the first solo transatlantic crossing in a balloon, flying 3,500 miles in 83 hours.

Now 77 and residing in Florida with his wife, Sherry, Kittinger continues flying in balloons and a restored, 1929 open-cockpit New Standard biplane.

"The sky is still my office," he said.

He spent part of Monday flying a T-6A Texan II trainer, the newest aircraft on the ramp at Vance.

"What an airplane," said Kittinger. "The first airplane I flew in the Air Force was a T-6, but it had a round engine and no ejection seat."

Kittinger has made several trips to Bartlesville for a biplane reunion but never visited Vance. It was, he said, his first invitation to speak at an Air Force base.

"The students look pretty young," he said, "but they still have the enthusiasm that makes me proud to be a member of the United States Air Force. They represent our country well."

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